

IRV 2645

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

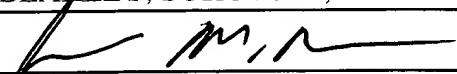
		Application No.	09/945,072
		Filing Date	August 31, 2001
		First Named Inventor	Tom R. Vandermeijden
		Art Unit	2645
		Examiner Name	Elahee, MD S.
Total Number of Pages in This Submission	19	Attorney Docket Number	3399P072

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)         </div> <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)   <input type="checkbox"/> Response to Missing Parts/ Incomplete Application           <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee  <input type="checkbox"/> Declaration/POA           </div>  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         </div>	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <div style="margin-left: 20px;"> <input type="checkbox"/> Landscape Table on CD         </div>	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 50px; width: 150px; margin-top: 10px;"></div>	
			<input type="checkbox"/>

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

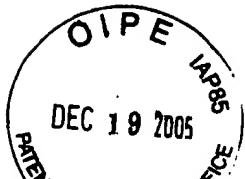
Firm or Individual name	Jordan M. Becker, Reg. No. 39,602  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	December 16, 2005	

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Julie Arango		
Signature		Date	December 16, 2005

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



# FEETRANSMITTAL

## for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/945,072
Filing Date	August 31, 2001
First Named Inventor	Tom R. Vandermeijden
Examiner Name	Elahee, MD S.
Art Unit	2645
Attorney Docket No.	3399P072

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$)  
180.00

### METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

### FEE CALCULATION

#### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	27	33* = 0	50.00	\$0.00
Independent Claims	3	4* = 0	200.00	\$0.00
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

\*\*or number previously paid, if greater. For Reissues, see below

#### 2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		(\$)			
SUBTOTAL (2)		(\$)			180.00

### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jordan M. Becker	Registration No. (Attorney/Agent)	39,602	Telephone	(408) 720-8300
Signature				Date	12/16/05